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| | |
|------------------------|-----------------|
| Application Number | 09/237,687 |
| Filing Date | 01/26/1999 |
| First Named Inventor | Heiberger |
| Art Unit | 3752 |
| Examiner Name | KIM CHRISTOPHER |
| Attorney Docket Number | 1671 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Rob Heiberger

ROBERT A HEIBERGER

Date

03/12/2008

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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